Institute for Child and Family Well-Being

Children's Hospital of Wisconsin

UNIVERSITY of WISCONSIN UWMILWAUKEE

Therapy in Schools: Exploring Two Models That Really Work

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WELCOME!

Today's Agenda

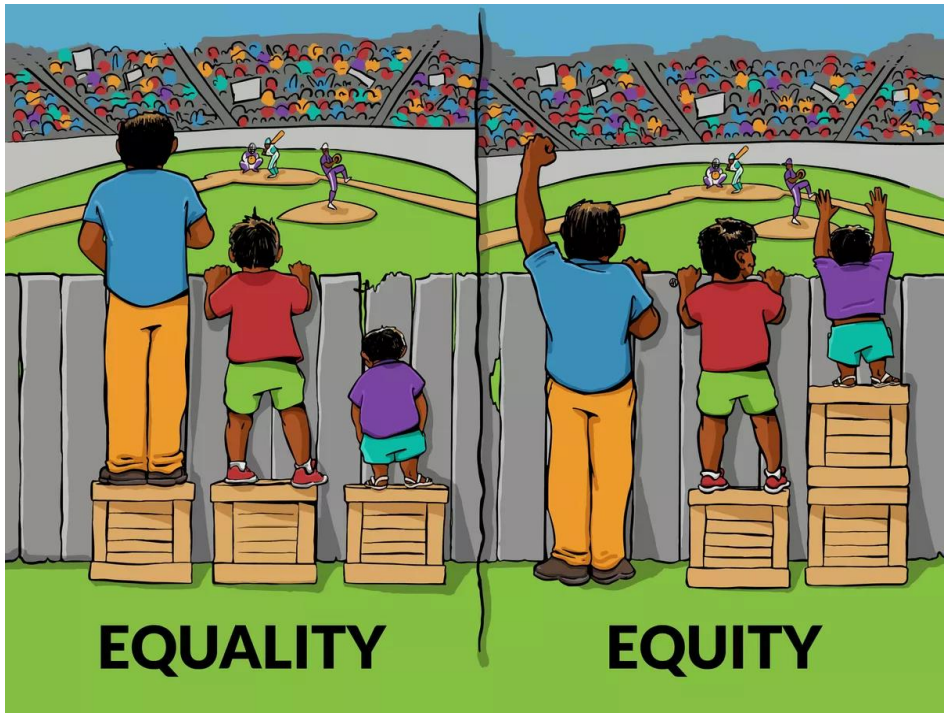
A. Why offer mental health services in schools?
B. Why use evidence-based therapies?
C. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
D. Parent Child Interaction Therapy (PCIT) *Practice*
E. Future Directions and Questions

Objectives

- Identify eligibility criteria and at least one component of each therapy model
- Identify at least one way to involve school staff in the therapy process
- Identify at least one strategy for successful implementation of TF-CBT or PCIT in the school setting
- Identify at least one challenge of implementing TF-CBT or PCIT in the school setting

Why offer mental health services in schools?

Some reasons why…



Moral imperative to establish EQUITY for all students

Academic disproportionality

Behavior disproportionality

Segregation issues of the city

High rates of poverty

High rates of incarceration

Unmet mental health needs

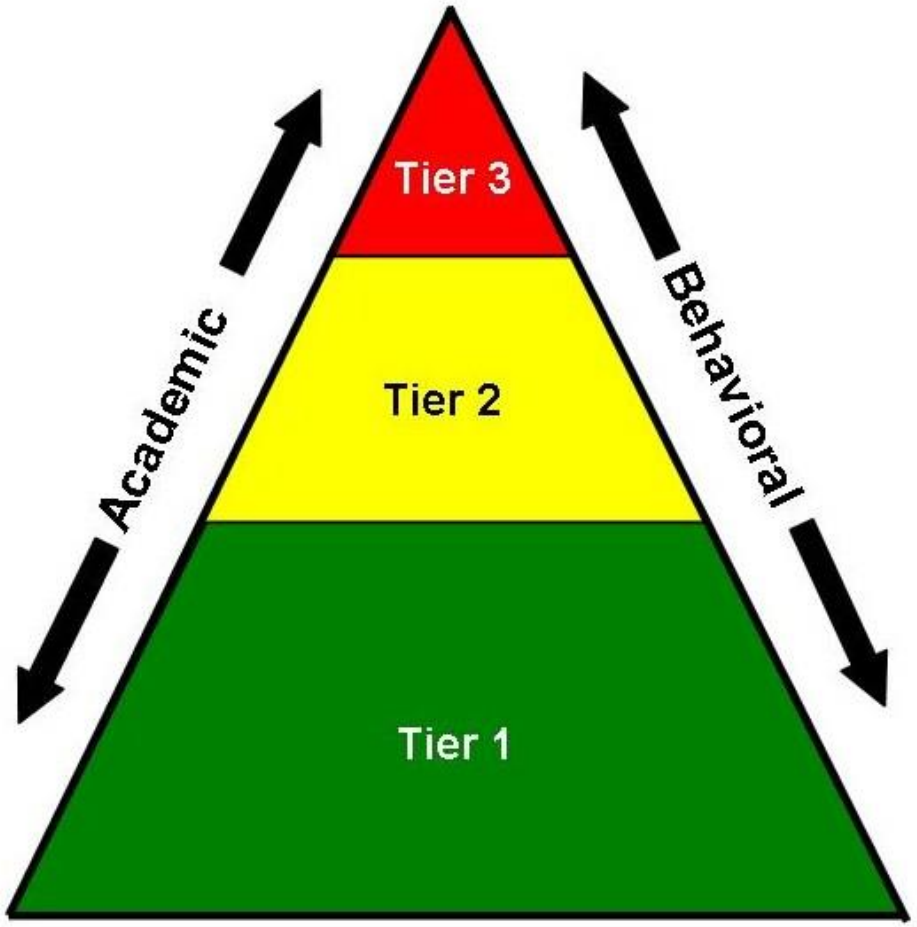
Preponderance of Adverse Childhood Experiences (ACEs) with our students

(Charlie Bauernfeind, 2015 SCPMH Powerpoint)

Mental Health Services in Schools

- Increases access to early intervention mental health services
- Reduces the barriers of transportation, missed academic time, and missed work time for caregivers to transport to/from appointments
- Increased attendance in therapy
- Reduces mental health stigma
- Easy access to teachers and school staff- collaboration and continuity of care
- Easy access for therapists for an ongoing pool of referrals

Mental Health Services in Schools: MTSS



Therapist supports all tiers

Therapy lives on Tier 3

Consult about Tier 1 & 2

Will be more successful in therapy when Tier 1 and Tier 2 are in good shape

What are Evidence-Based Practices?

EBP's defined by the APA's (2005) Presidential Task Force on Evidence-Based Practice

- "The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 5).
- Babione, 2010

Why Use Evidence-Based Therapies with Children?

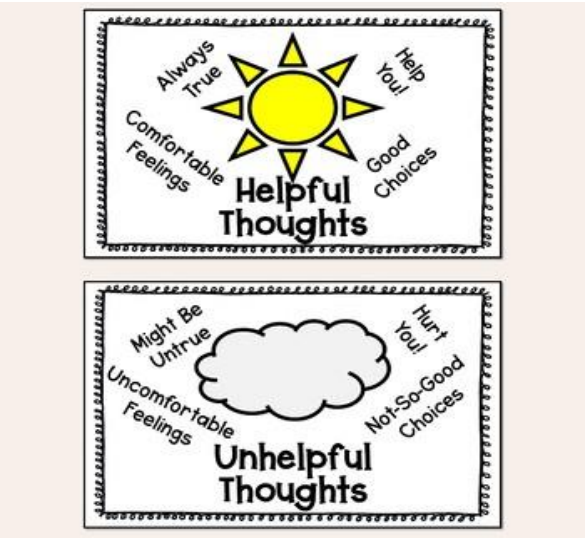
Why Use Evidence-Based Therapies?

- Benefits outweigh the costs
- Increased ease of service delivery for providers
- Some funding sources/insurance companies may currently or in the future require it
- Should be replicable with multiple ethnic and minority groups
- Decreased duration of therapy
- Code of Ethics

Barriers to Evidence-Based Therapies

- Clinician preferences
- Compatibility
- Training costs/resources needed
- Universal application
- (Chorpita, Becker, Daleiden, & Hamilton, 2007)

Application of Evidence-Based Therapies in The School Setting



Riverwest Elementary School
Milwaukee Public Schools
Demographics

- 2017-2018 School year
- 354 students
- 74% African American, 17% Hispanic/Latino, 5% Multi-Racial; 4% White students
- 24% students who are homeless
- 91% economically disadvantage

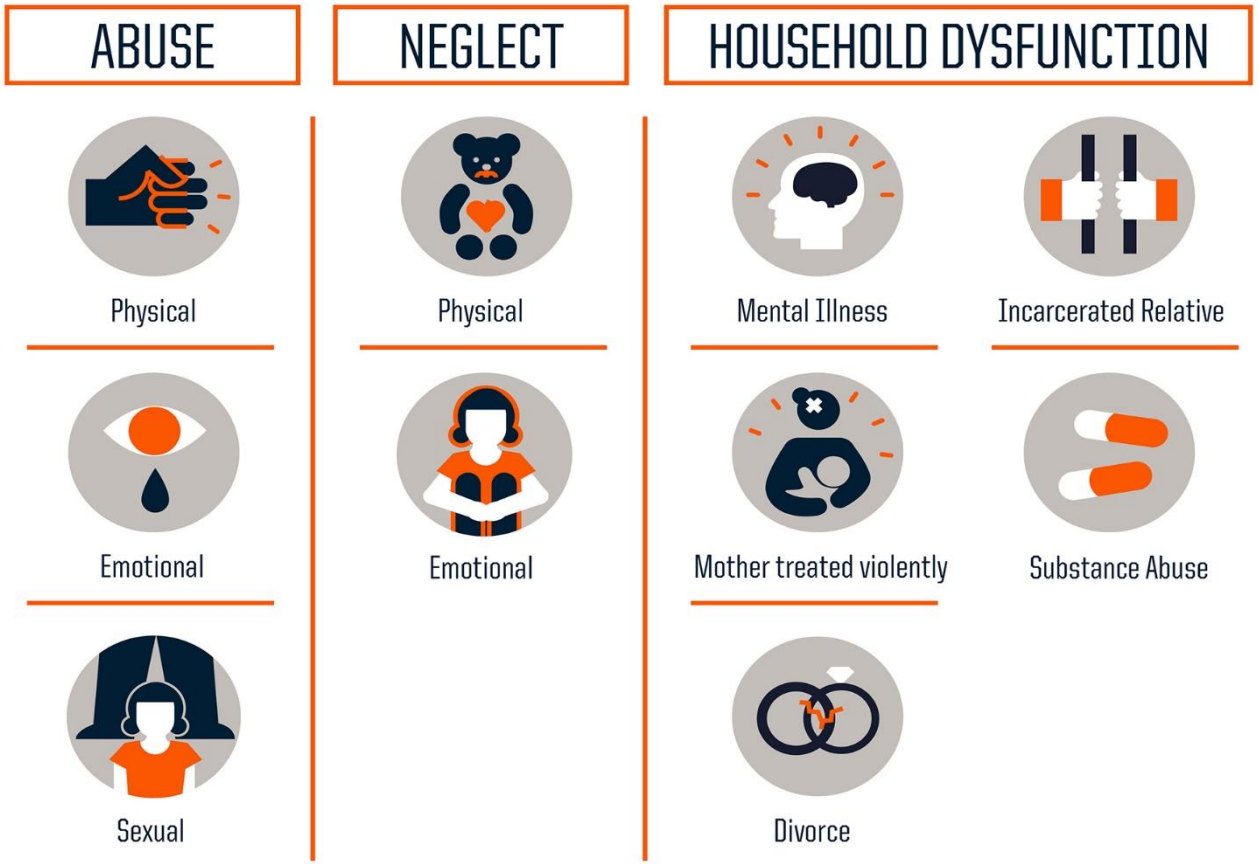
Cultural Awareness and Responsiveness at Riverwest Elementary School

- Openly discuss cultural differences
- Extra time taken to built rapport, trust, and to clarify limits of confidentiality
- Parent is in the driver's seat: "you're the boss- I'm working for & with you"
- Family is empowered to create goals for therapy
- Child and family strengths are identified, emphasized, and built on throughout treatment

Evidence-Based Therapies

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma over the lifetime: ACE Study



Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Structured, time limited treatment
- 8-25 sessions
- Created for use with child and caregiver
- Decreases symptoms associated with trauma; PTSD diagnosis not needed
- Over 21 randomized, controlled trials completed in US, Europe, and Africa → statistical and significant decrease in trauma symptoms
- Requires a strong therapeutic relationship

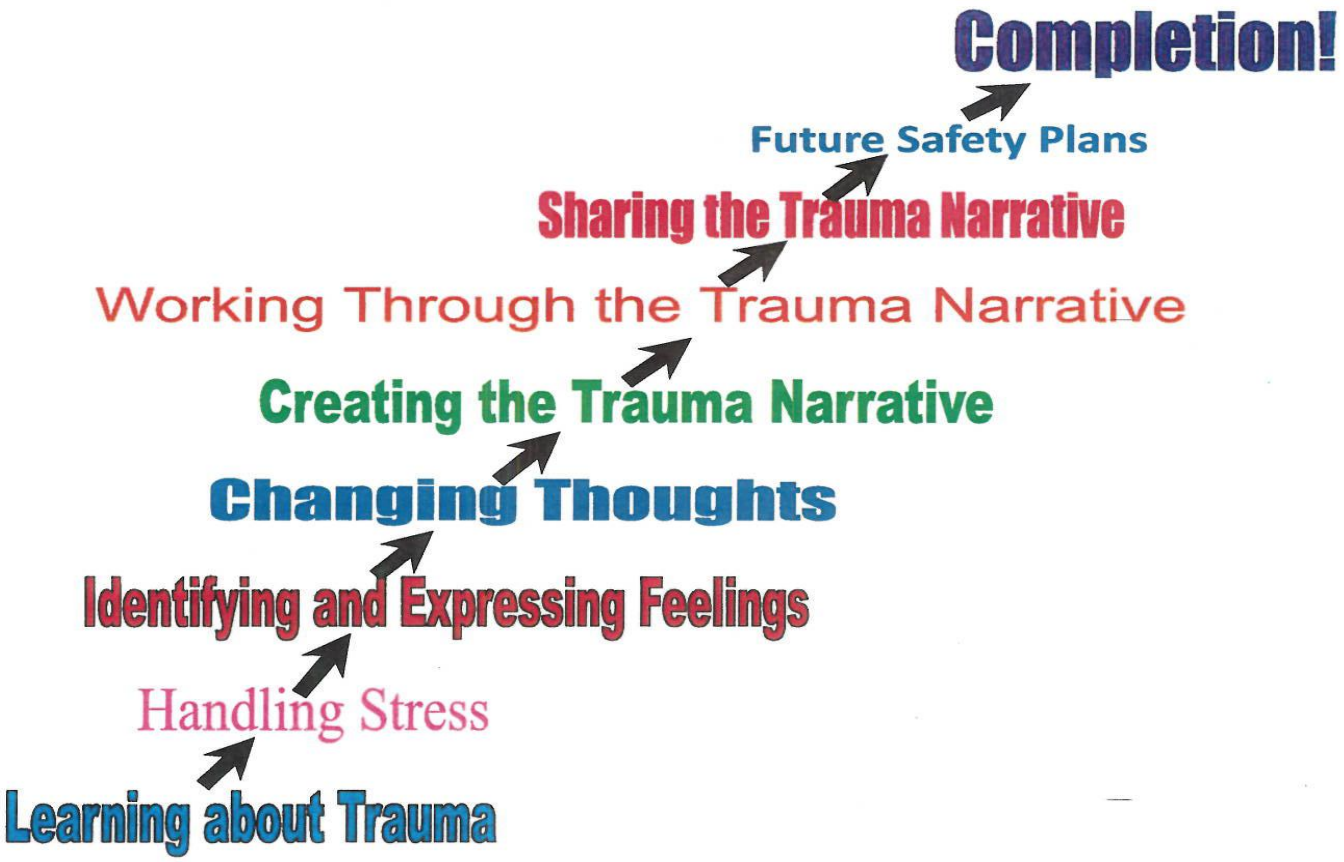
TF-CBT: Cultural Specific Information

TF-CBT has been tailored to use with individual cultural groups, including:

- Religious groups (Muslim, Jehovah's Witness, Orthodox Jewish)
- Military families; LGBTQ individuals
- Ethnically diverse families (Latino, African American, Asian, Biracial, among others)
- Diverse settings (home, school, residential treatment, refugee camp, rural, urban, suburban)
- Diverse countries (Zambia, Pakistan, Palestine/Israel, Netherlands, Germany, Norway, Russia, Sri Lanka, Thailand)
- (nctsn.org)

TF-CBT: Eligibility Criteria

- Ages 3-18
- Experienced a Traumatic Event(s): Community violence, sexual abuse, physical abuse, emotional abuse, neglect, separation from a parent, domestic violence, vehicle accidents, medical trauma, natural disasters, traumatic death of a loved one
- Child has symptoms related to the trauma: emotional, cognitive, behavioral, physical, or interpersonal symptoms.


Completion!
Future Safety Plans
Sharing the Trauma Narrative
Working Through the Trauma Narrative
Creating the Trauma Narrative
Changing Thoughts
Identifying and Expressing Feelings
Handling Stress
Learning about Trauma

TF-CBT: Important Concepts

- Gradual exposure
- Caregiver involvement
- Components Based
- Therapeutic relationship
- Self-Efficacy
- Adaptable and Flexible

- Cohen, Mannarino, & Deblinger, 2017

TF-CBT: Phases of treatment

Phase 1: Stabilization and skill building

Phase 2: Trauma Narration and Processing Phase

Phase 3: Integration and Consolidation

The Story of the Buffalo

"Millions of buffalo once roamed the Great Plains. From early spring into the summer months, the buffalo were acutely aware of approaching thunderstorms. When the buffalo sensed a storm was nearing, what was their response?

The buffalo ran into the storm. The buffalo instinctively knew that beyond the storm was calm, brightness, sunshine and peaceful grazing." Nctsn.com

TF-CBT: Central Components

P: Psychoeducation and Parenting

R: Relaxation Skills

A: Affect Expression and Regulation

C: Cognitive Coping

T: Trauma Narrative

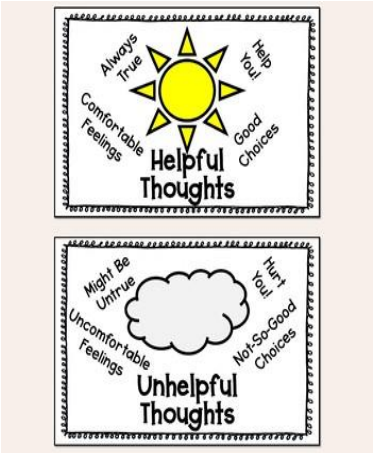
I: In-Vivo Mastery of Trauma Reminders

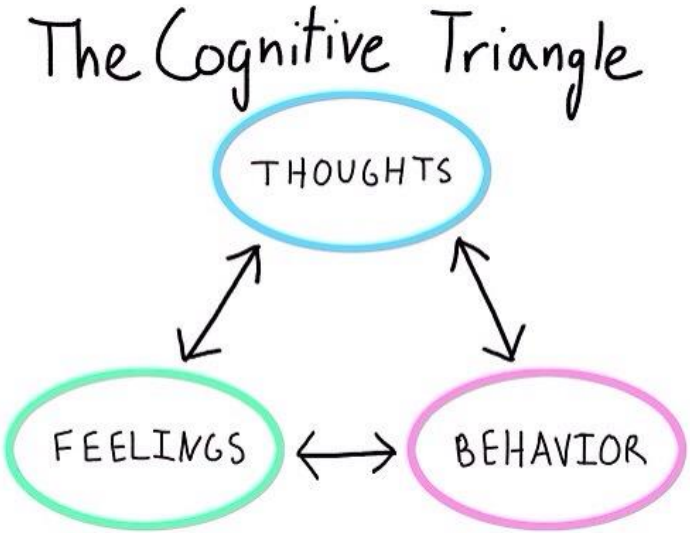
C: Conjoint Child Parent Sessions

E: Enhancing Future Safety and Development

TF-CBT Activities

- What Do You Know card game
- Feelings Hide and Go Seek
- Heart check-in
- Responsibility Pie
- Cognitive Triangle
- Take 5
- Helpful/Unhelpful thoughts





For additional information:

https://depts.washington.edu/hcsats/PDF/Temp%20TF-%20CBT/pages/traumafocused_cbt.html

Harborview Medical Center:

Center for Sexual Assault

and Traumatic Stress

TF-CBT: Collaboration with teachers and staff

Name: Date:

CHILL SHEET

These were my triggers: (The thing(s) that happened before my behavior).

_____

_____

These were my red flags: (Warning signs- What I felt in my body or angry/unhelpful thoughts I had)

Unhelpful thought: " _____"

_____

_____

This is how I felt (at least 1 feeling other than mad/angry):

_____

Next time happens, I will do this instead:

Tell myself to STOP

Helpful thought: " _____"

Helpful thought: " _____"

_____

_____

This is how my behavior affected others:

1._____

2. _____

TF-CBT: Short discussion

Discuss: In your professional role, how could you support students who are receiving TF-CBT?

- As a therapist?
- As a teacher?
- As a social worker or psychologist?
- As a principal?

School Setting: Considerations for TF-CBT

- Check-in on emotion levels prior to returning to class
- If parent is not present or engaged, attempting phone call therapy sessions to reinforce concepts
- Provide behavioral support to teacher
- Have child share trauma triggers/reminders with supportive teacher
- Quick consult with teacher and SSW/Psych about coping strategy
- Share trauma narrative with trusted staff member

School Setting: Challenges for TF-CBT

- Parent may sign mental health consent for treatment, but may not disclose child's trauma history
- May have less parent involvement
- More difficult with younger children if you don't have parent or teacher involvement
- Lack of confidentiality may bother older children
- Extra focus on the optimal window of activation

Parent Child Interaction Therapy (PCIT)

What is Parent Child Interaction Therapy (PCIT)?

- An evidence-based therapy for children ages 2-7 and their caregivers
- One of the most heavily researched therapy for children with disruptive behaviors
- A therapy used world-wide with children and caregivers

PCIT: Cultural Specific Information

- Extensive research with Mexican families (Borrego, Anhalt, Terao, Vargas, and Urquiza, 2006)
- Implementing in Puerto Rico (Matos, Torres, Santiago, Jurado, & Rodriguez, 2006)
- Modified for Mexican American Families "Guiding Active Children", GGANA Program; McCabe, Yeh, Garland, Lau, & Chavez, 2005).
- Chinese families in Hong Kong (Tsang, Leung, Chan & Choi, 2007)
- Extensive research with African American families (pcit.org)
- (McNeil & Hembree-Kigin, 2010)

Eligibility Criteria for PCIT

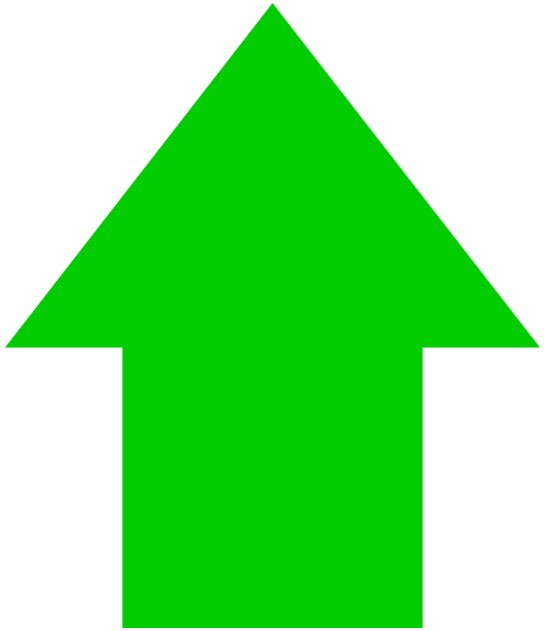
- Children between the ages of 2-7 and at least one caregiver
- The child has receptive language of a 2 year-old
- The child presents with disruptive behaviors and/or the parent is seeking to improve confidence in skills
- The caregiver must not have any active mental health or AODA concerns
- The caregiver must be intellectually functioning at the level of a high school graduate
- The therapist and caregiver speak the same language

Example behavioral issues:

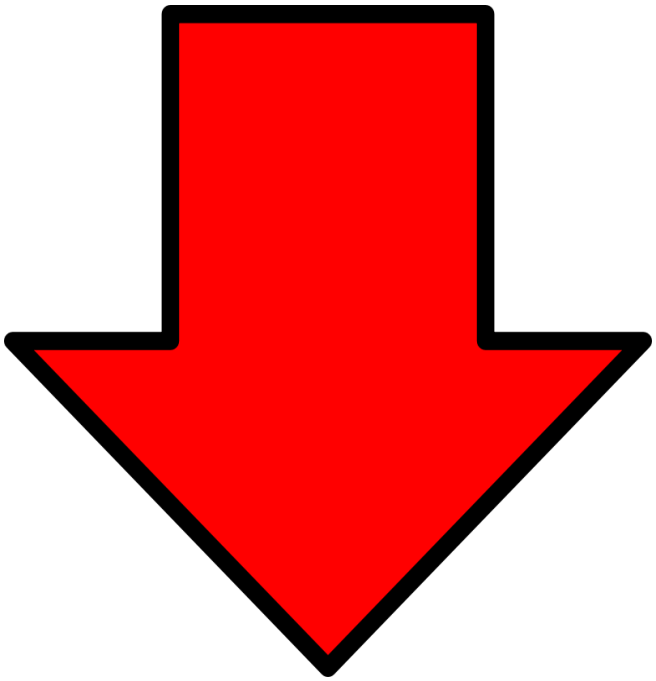
- Tantrums, difficult to take out in public
- Problems at home and/or school, daycare
- Biting, hitting, other aggressive behaviors
- Doesn't follow directions
- Insecure, anxious, or disorganized attachment with caregiver
- Foster parents, blended families, relative caregivers
- Caregivers with several children

Goals of Parent Child Interaction Therapy (PCIT)

Enhance Attachment/Bond/Positive Behaviors



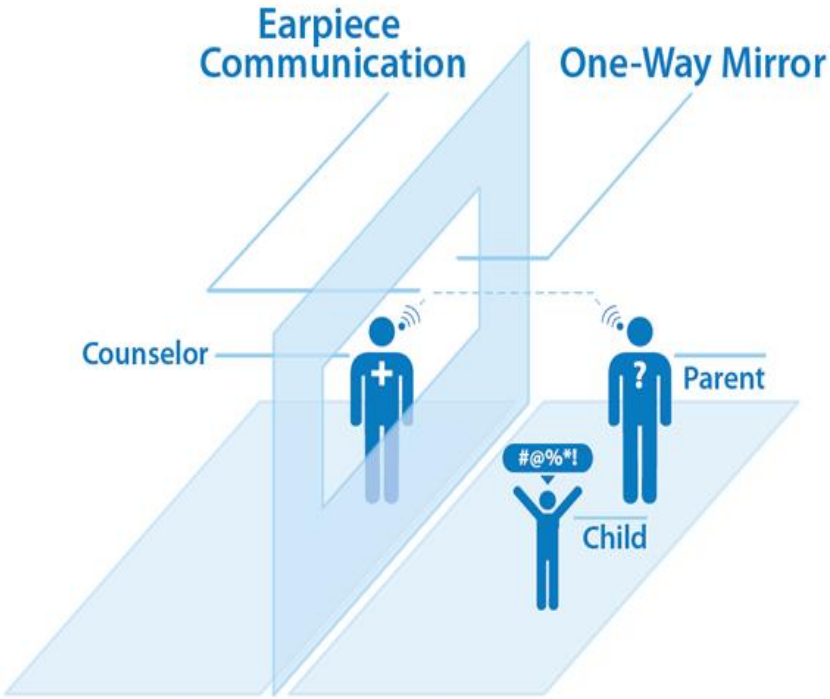
Decrease problem behaviors



Central Components of PCIT

- Live coaching of parents with children
- Consistent and predictable
- Data-driven (ECBI)
- Focused on changing parent-child interaction patterns
- Delivered by therapists; PCIT Certification is available and recommended
- Rooted in attachment, social learning, and behavioral theories
- Empirical support for use in office or home settings

PCIT Room Set-Up



Modifications vs Adaptations of EBT's

- Modifications involve tweaking how major components are delivered in order to best serve the population you are working with

  example: 504 plan

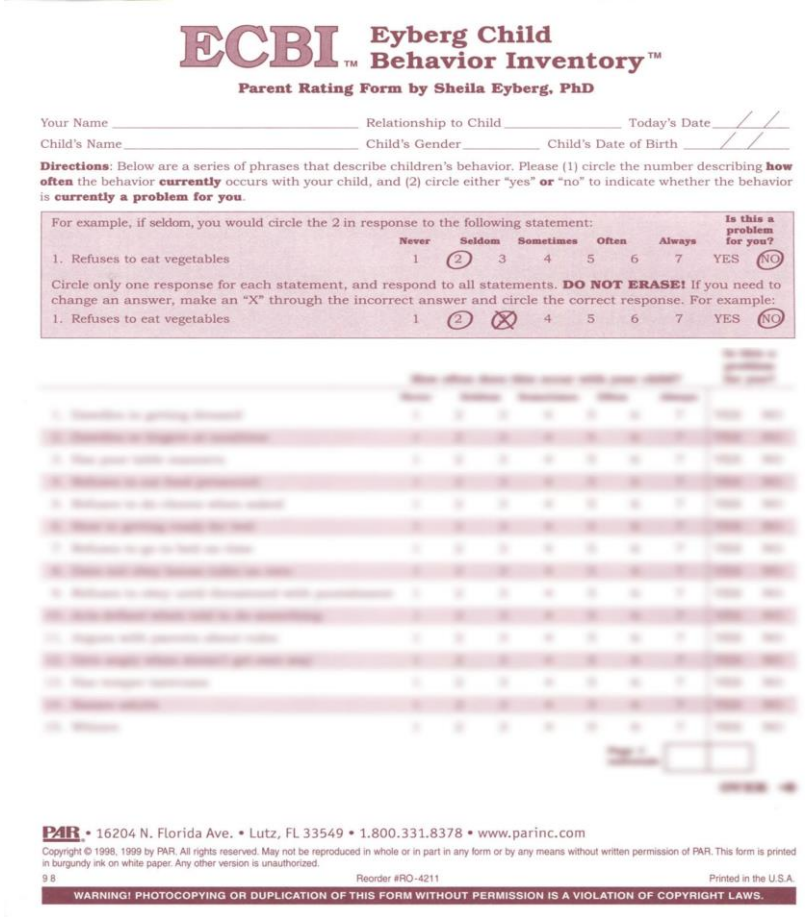
- Adaptations involve changing major components of the model

  example: IEP

- In-Room Coaching vs. Traditional PCIT set-up

Data-Driven: Eyberg Child Behavior Inventory (ECBI)

- A brief, focused behavioral rating scale
- 36 items rated on a 7-point Intensity scale
- Consistency in ECBI scores across ages and socioeconomic levels



ECBI™ Eyberg Child Behavior Inventory™

Parent Rating Form by Sheila Eyberg, PhD

Your Name _____ Relationship to Child _____ Today's Date ___/___/___

Child's Name _____ Child's Gender _____ Child's Date of Birth ___/___/___

Directions: Below are a series of phrases that describe children's behavior. Please (1) circle the number describing **how often** the behavior **currently** occurs with your child, and (2) circle either "yes" **or** "no" to indicate whether the behavior is **currently a problem for you**.

For example, if seldom, you would circle the 2 in response to the following statement:

	Never	Seldom	Sometimes	Often		Always	Is this a problem for you?
1. Refuses to eat vegetables	1	(2)	3	4	5	6	7	YES (NO)

Circle only one response for each statement, and respond to all statements. **DO NOT ERASE!** If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

1. Refuses to eat vegetables 1 (2) (X) 4 5 6 7 YES (NO)

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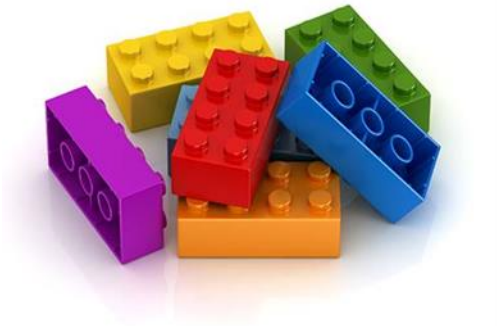
PCIT Materials: Toys!

- Use creative toys: Potato head, legos, crayons, play food, cars, dolls, farmhouse



- Avoid: toys that encourage aggression- toy guns, action figures; games- Uno; books

Two Phases of PCIT

1. Child Directed Interaction (CDI)

   Child takes the lead of play

   Parent uses positive attention alone (ignores misbehavior)

2. Parent Directed Interaction (PDI)

   Parent takes the lead of play

   Parent practices giving effective commands and time out routine as needed

- Graduation:

  Family graduates when parent reaches “mastery” of skills and ECBI is below clinical threshold

Benefits of Child Directed Interaction (CDI)

- Increased feelings of security, safety, and attachment to the primary caregiver
- Increased attention span
- Increased self-esteem
- Increased pro-social behaviors (such as sharing and taking turns)
- Decreased frequency, severity, and/or duration of tantrums
- Decreased activity levels
- Decreased negative attention-seeking behaviors (such as whining and bossiness)
- Decreased parental frustration

CDI Basics

- Parents learn a specific set of skills in a "Teach Session": PRIDE
- Use toys that allow creativity- no rules
- Parent spends 5 mins of 1:1 time with child/day practicing the skills
- Follow child's lead
- Positive attention only
- Follow up sessions involve direct coaching of the specific skills
- ECBI results informs coaching

CDI Teach: Brief Overview

CDI: Avoid Commands

Commands and directions try to direct the play by suggesting what the child should do

Examples of commands and directions:

- "Sit down", "Please hand me the car", "Would you like to sit down?", "Can you pick up the toys?"
- If the child doesn't listen, the play could stop being fun AND you are taking over the play

CDI: Avoid Questions

- Questions take the lead of the conversation, rather than following it
- Questions sometimes suggest disapproval ("Why did you put it there?")
- Questions often suggest you aren't really listening to child
- Questions are like a road block to children when they are playing

CDI: Avoid Criticism

- Negative statement about the child or his/her actions.

  "It doesn't go that way"; "That doesn't make sense;" "You're being bad"

- Criticism points out mistakes rather than providing correction

  To correct without criticizing would be, "It goes this way"

- Criticism lowers child's self esteem and makes play less fun

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CDI:  Skills

P: Praise Labeled Praise vs. Unlabeled

R: Reflect

I: Imitate

D: Describe

E: Enjoy!

Labeled Praise

- More effective because it lets the child know exactly what you like.
- Increases the likelihood of the behavior happening again.
- Increases self esteem
- Makes both you and the child feel good

❖ What are examples of labeled praises you can give your child?

- …If your child hands you one of the toys to play with?
- …If your child is coloring on her paper?
- …If your child drops something and then picks it up?

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CDI:  Skills

P: Praise *Labeled Praise vs. Unlabeled*

R: Reflect  Reflect/parrot appropriate speech

I: Imitate Copy behavior

D: Describe  Play-by-Play descriptions of child behavior

E: Enjoy! Warmth and Enthusiasm!

CDI:  Skills Practice

On the back of your sheet of paper, TALLY:

- Labeled Praise,
- Reflections,
- Descriptions,
- Commands,
- Criticisms,
- Questions

	Jenni	Code #1	Code #2
Labeled Praise			
Reflections			
Behavior D's			
Commands			
Criticism			
Questions			

Your Turn! 20 minutes of practice

- Groups of 4 people
- 1 parent, 1 child, 2 coders
- 2.5 minutes/person;
- Child behaves like a child while playing with toys/coloring; parent uses skills
- **Parent's goal: 5 Labeled Praise, 5 Reflections, 5 Behavior Descriptions**
  - With NO Questions, Commands, or Criticism
  - Coders compare scores- give Parent feedback
  - Switch!
  - Everyone has a chance to be the parent

Processing our Practice

How did it feel to be the parent?

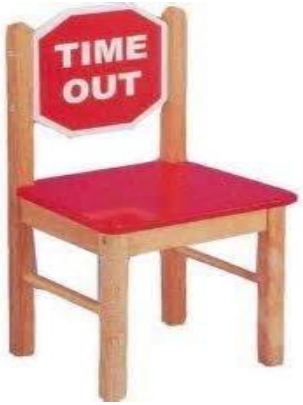
How did it feel to be the child?

How did giving feedback to the parent go?

Phase 2: Parent Directed Interaction (PDI)

PDI Teach Session

- How to give effective commands
- Time out routine
- Follow up sessions involve gradually coaching the parent with using skills in play sessions; then moves to using skills in real-life situations at home and in public



School Setting: Considerations and Challenges for PCIT

- No one way mirror- in room coaching

  Child is told the therapist is teaching mom/dad how to play better together and to pretend therapist is not there

- Toys, games, and distractions put away in office
- Go to clinic office for PDI until child stays on time-out chair

PCIT: Collaboration with teachers & staff

Offer teacher consultations, all-staff trainings, parent trainings focused on:

- PRIDE skills
- How to give effective commands
- Time-out routine (modification developed with the teacher)
- Adults are models of behavior

Main components of PCIT fits into Tier 1: PBIS

Future Directions

- Teacher Child Interaction Therapy (TCIT)
- Group Based TF-CBT (CBITS)
- Group Based PCIT
- Universal mental health screening in schools

TF-CBT Training

- 10 hour online web training
- 14 hours of live clinical training
- 12 hours for follow up consultation calls
- Additional requirements for certification
- See tfcbt.org for more information
- https://tfcbt2.musc.edu/

PCIT Training

- 40 face to face hours of training with Master Trainer
- 2x monthly consultation via phone, web or in person
- 6 PCIT case reviews
- Additional requirements for certification
- See pcit.org for more information

Trauma and Recovery Project (TARP)

Professionals in Milwaukee and Racine counties participate in a Learning Collaborative through which they will be trained in one of three evidence-based treatments:

- Trauma-focused cognitive behavioral therapy (TF-CBT),
- Parent-child interaction therapy (PCIT), or
- Child-parent psychotherapy (CPP).

For more information about training, visit our website: http://uwm.edu/icfw/

Or contact:

Kate C. Bennett, MSW, LCSW
Well-Being Lead Clinician / Level 1 PCIT Trainer
Children's Hospital of Wisconsin / Institute for Child & Family Well-Being
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thank you

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